

	Department of Consumer Affairs Consumer Relations Unit 400 R Street, Suite 2000, Sacramento CA 95814 1-(800) 952-5210 <b>GENERAL COMPLAINT FORM</b> Please use a separate form for each complaint.	
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PERSON FILING COMPLAINT (COMPLAINANT)	BUSINESS OR PROFESSIONAL COMPLAINT IS ABOUT LICENSE/REG/NO:
Address (Number) (Street)	Address (Number) (Street)
(City) (State) (Zip)	(City) (State) (Zip)
Phone where you can be reached (8am - 5pm)	Business phone number
Email Address	Who did you deal with?

WHAT TYPE OF PRODUCT OR ITEM OF CONCERN?	DATE OF REPAIR/ SERVICE/ PURCHASE
BRIEFLY DESCRIBE YOUR COMPLAINT (BE SPECIFIC -- WHO, WHAT, WHEN, WHERE, HOW) (USE ADDITIONAL PAPER IF NEEDED)	
WHAT DO YOU WANT THE PERSON OR COMPANY TO DO TO SATISFY YOUR COMPLAINT?	
HAVE YOU FILED THIS COMPLAINT WITH ANY OTHER ORGANIZATION OR GOVERNMENT AGENCY? IF YES, PLEASE PROVIDE THE FOLLOWING: Agency Name                      Contact Name                      Phone Number                      Case Number	YES                      NO

Please attach copies of any documents, receipts, warranties, invoices, correspondence, pictures, etc that will help substantiate this complaint, sign below, and mail to the above address.

I hereby certify under penalty of perjury under the laws of the state of California that to the best of my knowledge all of the above statements are true and correct.

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_